

STATE OF MONTANA
 EDI Implementation Guide

Detail Acknowledgement – Release 1

DATA NUMBER	ELEMENTS	REQ
0001	Transaction Set ID	M
0107	Record Sequence Number	M
0108	Date Processed	M
0109	Time Processed	M
0006	Insurer FEIN	C
0014	Claim Administrator Postal Code	C
0008	Third Party Administrator FEIN	C
0110	Acknowledgement Transaction Set ID	M
0111	Application Acknowledgement Code	M
0026	Insured Report Number	C
0015	Claim Administrator Claim Number	C
0005	Agency Claim Number	O
0002	Maintenance Type Code (from original transaction)	C
0003	Maintenance Type Date (from original transaction)	C
0112	Request Code (purpose)	O
0113	Free form text	O
0114	Number of Errors	M
0115	Element Number	M
0116	Element Error Number	M
0117	Variable Segment Number	M